
APPLICATION DATA SHEET FORM

Inventor Information

Inventor One Given Name:: Michael B.
Family Name:: Brenner
Name Suffix::
Postal Address Line One:: 27 Ledges Road
City:: Newton
State or Province:: MA
Country:: US
Postal or Zip Code:: 02459
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Citizenship Country:: United States

Inventor Two Given Name:: Xavier
Family Name:: Valencia
Postal Address Line One:: 4900 Battery Lane
Postal Address Line Two:: Apt. 103
City:: Bethesda
State or Province:: MD
Country:: US
Postal or Zip Code:: 20814
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Citizenship Country:: Mexico

Correspondence Information

Name Line One:: Maria A. Trevisan
Name Line Two:: Wolf, Greenfield & Sacks, P.C.
Address Line One:: 600 Atlantic Avenue
City:: Boston
State or Province:: MA
Country:: US
Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two:: (617) 573-7866
Fax Number:: (617) 720-2441
Electronic Mail:: mtrevisan@wolfgreenfield.com

Application Information

Title Line One:: METHODS AND COMPOSITIONS FOR
Title Line Two:: TREATMENT OF INFLAMMATORY DISEASE
Title Line Three:: USING CADHERIN-11 MODULATING AGENTS

Application Data Sheet Form

Total Drawing Sheets:: 8 (as originally filed)
Formal Drawings?:: No
Claims:: 48 (as originally filed)
Application Type:: Utility
Docket Number:: B00801.70187.US
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Contract or Grant Numbers Two::
Secrecy Order in Patent Appl.?::

Representative Information

Representative Customer Number::



Continuity Information

This application is a:: Non-provisional
Claiming Priority to:: U.S. Provisional Application
Serial No.: 60/152,456
Filing Date:: September 3, 1999
and
Serial No.: 60/153,490
Filing Date:: September 13, 1999

Assignee Information:

Assignee name:: The Brigham and Women's Hospital, Inc.
Street of mailing address:: 75 Francis Street
City of mailing address:: Boston, MA
State or Province of mailing address:: 02115
Postal or Zip Code of mailing address::

NOTE: *If there is more than one assignee, this information should be repeated for each one.*

NOTE: *Assignment information provided on an ADS will not be officially recorded for this application. Assignment Information is considered recorded when submitted as provided in Title 37, Section 3. Assignment information submitted on an ADS only results in the assignment information being included on the patent application publication.*